TeleQuality Communications, Inc. and Rural Health Telecom

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http://vimeo.com/65659217

Rural Health Telecom was founded in 1999 to support the unique needs of healthcare in rural America, as facilitated by the USF Rural Health Care Program. TeleQuality obtained a SPIN # in 2007.

For 14 years, **Rural Health Telecom**, a division of TeleQuality Communications, Inc, has focused exclusively on upgrading telecommunications networks and providing sound guidance, support and service for healthcare providers only. We provide service to regional medical centers, family clinics, and behavioral healthcare centers in 32 states.

We are experts in assisting healthcare providers to obtain telecommunications and internet services by leveraging the USF Rural Health Care program. This is all we do, and we do it better than anyone else in the United States!

In the 2011 funding year, Rural Health Telecom had the third largest procurement of funds for HCPs in the continental US. In 2012, the company was the second largest procurement of funds for HCPs.

2011 FY Disbursements
Top 10 Vendors

| Vendor	Collected Amount
GCI Communications Corp	$36,846,115.08
AT&T	$3,972,829.08
TeleQuality	$3,729,780.61
Windstream	$2,117,904.28
Network Services	$1,881,275.72
DRS Technical Services	$1,393,540.50
Cebridge Telecom TX, LP	$1,305,304.38
Alaska Communications Systems Holdings	$791,107.94
BellSouth Telecommunications, LLC	$744,305.96
Georgia Public Web, Inc	$715,000.65

Agenda

Observations, Trials, & Tribulations
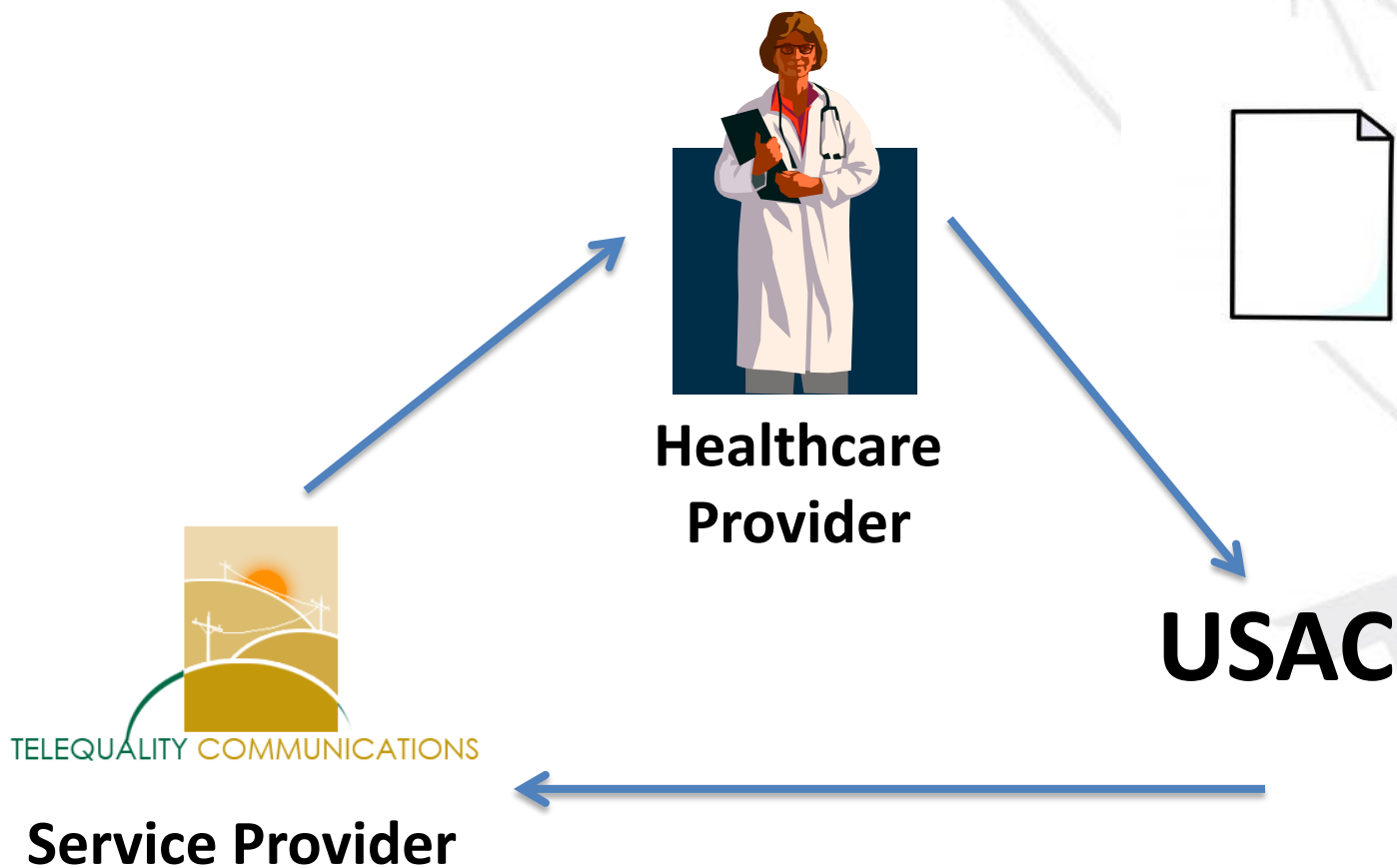
Skilled Nurses Facilities Pilot Program
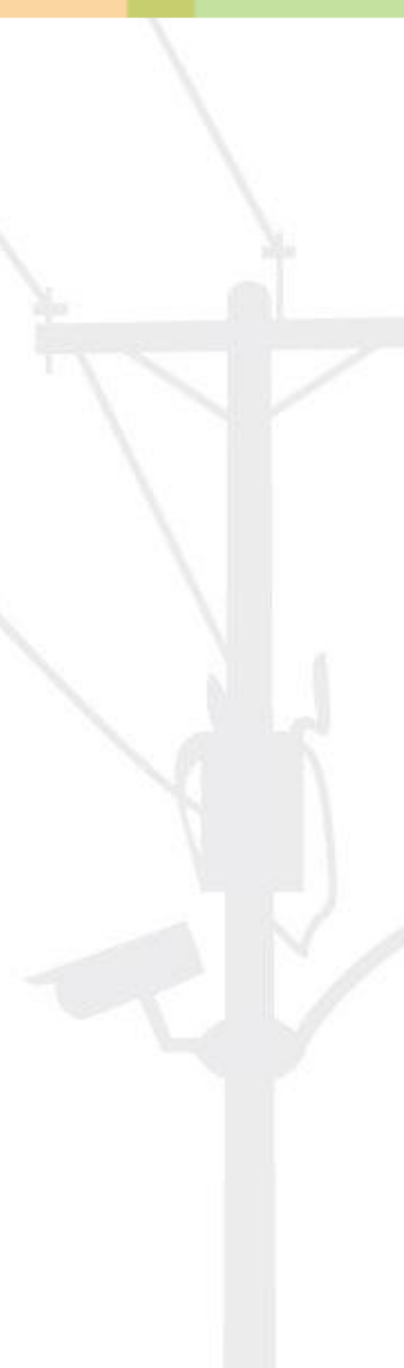
Observations, Trials, and Tribulations

- *Participation Issues*

- *Primary Program*

- *HCF Reform Feedback*

"Our mission at Rural Health Telecom and TeleQuality Communications is to assist the healthcare provider with providing the best healthcare to their community."

Healthcare Provider

USAC

Service Provider

RHC Process Overview

FOR HEALTH CARE PROVIDERS

Rural Health Care Program | www.usac.org/rhc

Health Care Providers (HCPs)

Determine whether your HCP and its service needs are eligible

Submit FCC Form 465 to request services and certify that your HCP is eligible

Develop evaluation criteria and evaluate all bids received

Select the most cost-effective offer and sign a contract
- Only for services listed on FCC Form 465
- Do not enter into an agreement until the Allowable Contract Selection Date (ACSD)

Submit FCC Forms 466/466-A to provide information about the contract and certify that your HCP selected the most "cost-effective" offer.
- Label and include all supplemental documentation or form will not be
- FCC Forms 466/466-A and their supplemental documents are the "form"

Submit FCC Form 467 to certify that service started, or was never turned on.
- Submit upon receipt of the FCL

Receive credit for discount on your bill, or a check for the discounted amount

These steps not required for HCPs with evergreen contracts

Service Providers and USAC

Fund Year Application Window opens in March or April

USAC sends confirmation of receipt and posting
- Includes the Allowable Contract Selection Date (ACSD)

USAC posts FCC Form 465 to solicit bids from service providers

Service providers bid on requested services

Service provider begins providing service to HCP

90 – 180+ Days

USAC approves the FCC Forms 466/466-A

USAC issues the Funding Commitment Letter (FCL) to provide details about the approved funding
- Copy sent to HCP and service provider

USAC issues the HCP Support Schedule (HSS) to detail the exact monthly credits
- Copy sent to HCP and service provider

Service provider credits the HCP

A
↓
B

These steps not required for HCPs with evergreen contracts

Rural Health Care Program
For more information, visit www.usac.org/rhc
For assistance, email rhc-admin@usac.org or call (800) 229-5476

USAC
Universal Service Administrative Company

Participation Issues

1. Healthcare and Service Providers need the FCC to speed up the funding process at USAC for the Primary Program
    - Significant impact on participation by HCPs
    - Update evergreen review contract of the funding process to one review per contract instead of one review per funding year

2. HCPs are not obtaining full funding levels
    - HCPs are relying on the website for the urban rates as opposed to discovering competitive rates

3. Insufficient Outreach
    - Public Relations and awareness are not at a high level like they should be
    - There is a perception that the funding process is too difficult

Primary Program

- Rural HCPs Need All the Funding Available to Afford Network Services
  - These funding levels can be significantly higher than the Healthcare Connect Fund, which will only provide 65%
  - HCPs are using all the funding under the Primary Program

- Funding Timeline
  - The duration of time between the HCP's initial request (466) to FCL continues to be too long – 6+ months
  - Changes in FY2012 have reduced the timeline between Funding Commitment Letters and Support Schedules

Healthcare Connect Fund Feedback

- Eligibility is an issue – HCPs that were eligible under the pilot program may now be excluded under HCF

- Because funding is lower (65 % vs. 85 % in the pilot program), participation in the HCF may not be as high as the FCC anticipated

- Potential benefits of incorporating data centers & administration buildings for eligibility has been well received

Observations, Trials, & Tribulations

Skilled Nurses Facilities Pilot Program

Skilled Nurses Facility Pilot Program

- View of SNF interactions and responses from the field
  - SNFs are unaware of this program
- Data Gathering Details?
  - Specific requirements?